CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

 $p \circ p$

(LAST)

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only CITY OF SUHNYVALE, CA CITY CLERK'S OFFICE

COVER PAGE

(FIRST)

David

A Public Document

(MIDDLE)

Harvey

2009 APR -1 P 4: 45

(650)906-7681

DAYTIME TELEPHONE NUMBER

Whittum	David	пагуеу		(030 /300 /001
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
306 Angel Avenue	Sunnyvale	CA 9	4086	dwhittum@yahoo.com
1. Office, Agency, or Court		4. Schedule	Summ	ary
Name of Office, Agency, or Court:		► Total number	r of pages	6
City of Sunnyale		including this	s cover pa	age:
Division, Board, District, if applicable:		➤ Check application interests."	able sched	dules or "No reportable
City Council			sed interest	ts on one or more of the
Your Position:		attached sche		
Councilmember		Schedule A-1	X Yes	- schedule attached
▶ If filing for multiple positions, list ac	Iditional agency(ies)/	v	a	w p
position(s): (Attach a separate sh Agency:		Schedule A-2	Yes	– schedule attached w p
		Schedule B	X Yes	schedule attached
Position:		а ор		
		Schedule C	⊠ Yes	- schedule attached
2. Jurisdiction of Office (ch	eck at least one box)	a av a		
☐ State		Schedule D	🔀 Yes	- schedule attached
County of		co f		
☑ City of Sunnyvale		Schedule E		 schedule attached
Multi-County		co f	av a	a
Other			-	or-
		☐ No report	able intere	sts on any schedule
3. Type of Statement (Check	k at least one box)			
Assuming Office/Initial Date	:	5. Verification	on	
Annual: The period covered is July through December 31, 2008.	anuary 1, 2008,	I have used a	all reason:	able diligence in preparing this
-or-		of my knowledg	ave review se the infori	red this statement and to the best mation contained herein and in any
The period covered is 01/ December 31, 2008.	08 / 08, through	attached sched	lules is tru	e and complete.
Leaving Office Date Left:	<i></i>	I certify under pof California	penalty of phat the fo	perjury under the laws of the State regoing is true and correct.
O The period covered is January date of leaving office.	/ 1, 2008, through the	Date Signed _	Apr	1,2009 (month, day, year)
	/ through		111	Militati
O The period covered is/_ the date of leaving office.	, unougn	Signature	File the original	lly signed statement with your filing official.)
☐ Candidate Election Year:		L		EDDC Form 700 (2008/200

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David Whittum

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Varian Medical Systems	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Capital Equipment	
FAIR MARKET VALUE	FAIR MARKET VALUE \$10,000 \$10,000 \$100,000
\$2,000 - \$10,000 X \$10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock
	parting .
Other options (Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Varian Medical Systems	A DESCRIPTION OF RUCKIPEC ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Capital Equipment	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Qver \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other (Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 08 , , , 08	
	ACQUIRED DISPOSED
AOQUINED SIGNOCES	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
- DUCKIERO ACTRUTY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	SEALINE DESCRIPTION OF SOME
	CAID MARKET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$100,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	[4100,001 - 41,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
Other(Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name David Whittum

TREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
806 Angel Avenue	
ITY	CITY
Sunnyvale	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
AIR MARKET VALUE IF APPLICABLE, LIST DATE:	□ \$2,000 - \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
~··	
IATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
	Leasehold
Leasehold Other	Yrs, remaining Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
F RENTAL PROPERTY, GROSS INCOME RECEIVED	L
] \$0 - \$499	
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
	100/ or greater
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source
nterest, list the name of each tenant that is a single source of	income of \$10,000 or more.
ncome of \$10,000 or more.	Integrate of trapers of the second of the se
You are not required to report loans from commercial	l lending institutions made in the lender's regular cours
of business on terms available to members of the pu and loans received not in a lender's regular course o	of business must be disclosed as follows:
of business on forms available to members of the DU	l lending institutions made in the lender's regular cours blic without regard to your official status. Personal loa of business must be disclosed as follows:
of business on terms available to members of the pu and loans received not in a lender's regular course o	of business must be disclosed as follows:
of business on terms available to members of the pu and loans received not in a lender's regular course o NAME OF LENDER*	of business must be disclosed as follows:
of business on terms available to members of the pu and loans received not in a lender's regular course o	blic without regard to your official status. The sorial load of business must be disclosed as follows:
of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS	holic without regard to your official status. Personal load of business must be disclosed as follows: NAME OF LENDER* ADDRESS
of business on terms available to members of the pu and loans received not in a lender's regular course o NAME OF LENDER*	blic without regard to your official status. The sorial load of business must be disclosed as follows:
of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS	name of Lender* Address Business activity of Lender
of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS	holic without regard to your official status. Personal load of business must be disclosed as follows: NAME OF LENDER* ADDRESS
of business on terms available to members of the pure and loans received not in a lender's regular course of the pure of the p	NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the purand loans received not in a lender's regular course of the purand loans received not in a lender's regular course of the purant of LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER	INTEREST RATE Tersonal load of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the pure and loans received not in a lender's regular course of the pure of the p	INTEREST RATE None None None None Note of the status
of business on terms available to members of the pure and loans received not in a lender's regular course of the pure of the p	INTEREST RATE Whighest balance during reporting period INTEREST BALANCE DURING REPORTING PERIOD
of business on terms available to members of the pure and loans received not in a lender's regular course of the pure of Lender* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE Months/Years) None	INTEREST RATE None None None None Note of the status
of business on terms available to members of the pure and loans received not in a lender's regular course of the pure state of the pure st	INTEREST RATE Whighest balance during reporting period INTEREST BALANCE DURING REPORTING PERIOD
of business on terms available to members of the purand loans received not in a lender's regular course of the purand loans received not in a lender's regular course of the purand loans received not in a lender's regular course of the purant loans of the purant lender's regular course of the purant loans	INTEREST RATE HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000
of business on terms available to members of the pure and loans received not in a lender's regular course of the pure state of the pure st	INTEREST RATE Whighest Balance during reporting Period Stone - \$1,000 Stone - \$1,000 This is a status. The solidation of the status. The solidation of the status. The status. The status. The status. The status of the status of the status. The status of the status of the status of the status. The status of

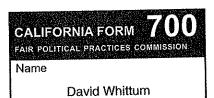
Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David Whittum

. INCOME RECEIVED	► 1, INCOME RECEIVED
IAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Varian Medical Systems	
ADDRESS	ADDRESS
911 Hansen Way C077, Palo Alto, CA 94304-1028	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BOSINESS ACTIVITY, IF AIVI, OF SOURCE
Medical Capital Equipment	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION	
Manager, Microwave Applied Research	ADDRESS WORLD DESCRIPED
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$1,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
	Loan repayment
Loan repayment	
Sale ofop ca oa c.	Sale ofop ca oa c.
Commission or Rental Income, ac o c of o	Commission or Rental Income, ac o c of o o
Commission of Remainmonity of the	
,	
Otherc	Otherc
c	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
* New are not required to report loans from commerc	ial lending institutions, or any indebtedness created as par
of a retail installment or credit card transaction ma	ide in the lender's regular course of business of terms
available to members of the public without regard to	o your official status. Personal loans and loans received
not in a lender's regular course of business must be	oe disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS	
	SECURITY FOR LOAN Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Propertya
HIGHEST BALANCE DURING REPORTING PERIOD	-
\$500 - \$1,000	
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
OVER \$100,000	Other c
OVER \$100,000	Other
OVER \$100,000 Comments:	Otherc

SCHEDULE D Income - Gifts



	T T T OF COURSE
NAME OF SOURCE	NAME OF SOURCE
NASA Ames Research Center c/o Deborah Feng	
ADDRESS	ADDRESS
Moffett Field, Mountain View, CA 94035	THE PROPERTY OF ANY OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Federal Agency, Yuri's Night	DATE (mm(dd/w) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (IIIII/403/))
04 , 12 , 08	
04 , 12 , 08 s 20 balloon	\$
	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
/ / s	
	\$
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	, the City Manager, the Mayor and other Councilmembers.

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David Whittum

- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

NAME OF SOURCE	NAME OF SOURCE
League of California Cities c/o Rebecca Elliot	National League of Cities (NLC) c/o Donald Borut
ADDRESS	ADDRESS
P.O. Box 54216	1301 Pennsylvania Ave NW
CITY AND STATE	CITY AND STATE
San Jose, CA 95154-4216	Washington DC 20004-1763
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit, promotes CA cities, local control, education	Non-profit, promotes cities, leadership, training.
DATE(S): 04 / 16 / 08 _ / / AMT: \$ 50	DATE(S): 11 / 11 / 08 - 11 / 15 / 08 AMT: \$ 2004
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income
DESCRIPTION: LCC Building Sustainable Communities Reception (estimated value).	DESCRIPTION: 3/8/08 Won NLC raffle for conference expense reimbursement: airfare (\$315), registration fee (\$305), hotel (\$1384)
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments: Note 1: LCC travel was for city. Fee covering Note 2: NLC Conference travel was for City. Fee covering trip City reimbursed \$480 for four 4-hour sem	travel by bus to Sacramento, lunch was paid by City (\$50). Reference FPPC File A-08-171, Request for Advice. For this inars, and \$223 for ground transportation.